

Kansas School Nurse Survey: 2009-2010 School Year

1. Nurse Information

Each year the Kansas Department of Health and Environment (KDHE) conducts a survey to assess workforce capacity of school nursing services in the state. Each school nurse who provides face-to-face care to students and/or oversees services provided by ancillary personnel is requested to complete a survey and return it to KDHE. The report generated from the data is available and presented at the Annual School Nurse Conference in July. All information provided by school nurses is confidential. Survey results are presented as summary data only.

Please print the form, collect your data for the school year, and then enter the data. You may enter your survey data until May 20, 2010. If you have questions or have corrections on the data you enter, please call Jane Stueve at 785-296-1300 or jstueve@kdheks.gov. Thank you very much for your participation.

* 1. Nurse Information

Name (First name)

Last name):

Phone number

(e.g. 785-296-1300; for contact purposes only if needed to clarify a response after May 20):

* 2. Are you a(an):

RN

LPN

2. Nurse Information - LPN

3. If you are an LPN, please list the name of your RN supervisor (First name Last name):

3. Nurse Information

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* 4. Age range (requested to assess the issue of aging workforce):

- Under 21
- 21-30
- 31-40
- 41-50
- 51-60
- 61-70
- 71 and over

* 5. Level of Education (please check highest nursing level and/or educational level achieved):

- LPN
- Associate RN
- Diploma RN
- BSN
- Other Bachelor degree
- Masters
- ARNP
- PhD

* 6. During the school year how many hours per week (average) do you function as a school nurse? (For this answer, do not enter hyphens, plus, space, period or letters -- only enter numbers.)

Hours per week
(average):

* 7. Are you considered full time?

- Yes
- No

* 8. Do you job share a full time position with other nurses?

- Yes
- No

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* 9. I am employed by (please check all that apply):

- Local Board of Education
- Public Health Agency
- Private Sector (private school or other)
- Volunteer (no contract)
- Volunteer (contract)
- Co-op (employed by a special education co-op to provide supervision of care or agency nurse contracted through special education co-op)

* 10. Are you a school nurse coordinator, health services director?

- Yes
- No

4. NURSE COORDINATOR OR HEALTH SERVICES DIRECTOR ONLY (I)

* 11. In your role as a school nurse coordinator or health services director, do you provide direct student care for an assigned group of students?

- I provide direct student care for an assigned group of students. (You will continue to complete the survey providing information on the students you assign to yourself).
- I do not provide direct student care on a regular basis. (Additional questions are related to direct student care, so marking this will end the survey.)

5. NURSE COORDINATOR OR HEALTH SERVICES DIRECTOR ONLY(II)

* 12. In your role as a school nurse coordinator or health services director, how many hours per week do you provide direct student care? (For this answer, do not enter hyphens, plus, space, period or letters -- only enter numbers.)

Hours per week

6. School Information

* 13. Are you responsible for providing school nurse services at:

- Public
- Private, State and JJA
- Both

7. Public School Nurses Building Information

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If you are responsible for providing nursing services at a PUBLIC SCHOOL, please list each by the district number(s), building number(s), name of building to which you are assigned, county(ies) and number of students in the building on September 22nd.

Please refer to the 2009-2010 School Building Number(pdf file) that Jane Stueve sent you via email or check on KDHE, Bureau of Family Health, School Health Resources website (<http://www.kdheks.gov/c-f/school.html>).

★ 14. How many public school buildings are you assigned?

Number of
buildings:

★ 15. Please enter public school information #1:

District Number:

Building number:

Name of building to
which you are
assigned:

County:

Number of students
in the building on
September 22nd:

16. Please enter public school information #2:

District Number:

Building number:

Name of Building to
which you are
assigned:

County:

Number of students
in the building on
September 22nd:

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17. Please enter public school information #3:

District Number:

Building number:

Name of Building to
which you are
assigned:

County:

Number of students
in the building on
September 22nd:

18. Please enter public school information #4:

District Number:

Building number:

Name of Building to
which you are
assigned:

County:

Number of students
in the building on
September 22nd:

19. Please enter public school information #5:

District Number:

Building number:

Name of Building to
which you are
assigned:

County:

Number of students
in the building on
September 22nd:

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20. Please enter public school information #6:

District Number:

Building number:

Name of Building to
which you are
assigned:

County:

Number of students
in the building on
September 22nd:

21. Please enter public school information #7:

District Number:

Building number:

Name of Building to
which you are
assigned:

County:

Number of students
in the building on
September 22nd:

* 22. Do you share this public school student population (that you are reporting on) with another public school nurse?

Yes

No

8. Public School Nurses Building Information - Nurse Information

23. If yes, please list other public school nurse's name (First name Last name):

Name:

9. Private, State, and JJA School Nurses Building Information

If you are responsible for providing nursing services at a PRIVATE, STATE OR JJA SCHOOL, please list each school by school name, county, building and number of all students (including preschoolers).

If you provide services to PUBLIC SCHOOLS ONLY, please go to the bottom of page and click next until you get to PAGE 11. HEALTH SCREENING DATA.

NOTE: THE SURVEY IS NOT ASKING NUMBER OF STUDENTS ASSIGNED BUT NUMBER OF STUDENTS IN THE BUILDING.

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24. How many private, state or JJA school buildings are you assigned?

Number of buildings

25. Please enter private school information #1:

School name:

County:

Name of building to
which you are
assigned:

Number of students
in building on Sept.
22nd:

26. Please enter private school information #2:

School name:

County:

Name of building to
which you are
assigned:

Number of students
in building on Sept.
22nd:

27. Please enter private school information #3:

School name:

County:

Name of building to
which you are
assigned:

Number of students
in building on Sept.
22nd:

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28. Please enter private school information #4:

School name:

County:

Name of building to
which you are
assigned:

Number of students
in building on Sept.
22nd:

29. Please enter private school information #5:

School name:

County:

Name of building to
which you are
assigned:

Number of students
in building on Sept.
22nd:

30. Do you share this private school student population (that you are reporting on) with another private school nurse?

Yes

No

10. Private, State, and JJA School Nurses Building Information - Nurse Informat...

If you provide services to PUBLIC SCHOOLS ONLY, please go to the bottom of page and click next until you get to PAGE 11. HEALTH SCREENING DATA.

31. If yes, please list other private school nurse's name (First name Last name):

Name:

11. Health Screening Data

During the 2009-2010 school year, how many students were referred following a health screening and how many of these students were subsequently seen by a health care professional (including preschoolers)?

Please complete in such a manner that student numbers are not duplicated if you share the student population with another nurse.

*Health screenings mandated by Kansas statute.

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32. Total number of students screened (Please do not include rescreenings):

*Vision	<input type="text"/>
*Hearing	<input type="text"/>
*Oral Health	<input type="text"/>
Scoliosis	<input type="text"/>
BMI	<input type="text"/>

33. Number referred to a health care professional:

*Vision	<input type="text"/>
*Hearing	<input type="text"/>
*Oral Health	<input type="text"/>
Scoliosis	<input type="text"/>
BMI	<input type="text"/>

34. Number seen by a health care professional:

*Vision	<input type="text"/>
*Hearing	<input type="text"/>
*Oral Health	<input type="text"/>
Scoliosis	<input type="text"/>
BMI	<input type="text"/>

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35. If BMI is calculated, please provide the number of students in each of the following percentiles (Please do not include repeat calculations):

Less than 5th

Percentile:

5th to 84th

Percentile:

85th to 94th

Percentile:

95th Percentile or

Greater:

12. Number of Students That Received Health Care Services

The purpose of this question is to determine the level of care provided by the school nurse for entire 2009-2010 school year. (call 785-296-1300 if this is a concern for you).

The RN determines the level of care provided to each student. Do not include general screenings (ex. vision, hearing, etc.). The total of all students, in all levels, added together will equal the total number of students (unduplicated count) that received health care services from the school nurse during this period.

Each student should be counted only once. If the student has multiple health conditions, count the student one time for the highest level of care received. We realize that there are emergency situations and would like them recorded using this example: a student gets a broken nose, they are not a chronic care student – they should be counted under level 1 --- if the student with the broken nose is already level 4---keep them at level 4.

Please complete in such a manner that student numbers are not duplicated if you share the student population with another nurse.

36. Level 4 - How many students were served with a known chronic health condition that requires a frequent nursing task or procedure that can not be delegated? (Refer to KAR 65-15-102 Delegation Procedures.)

Number of

Students:

37. Level 3 - How many students were served with a known chronic condition that require a frequent nursing task or procedure that can be delegated? (e.g. oral medication, prn inhalers, catheterization, tube feeding, etc.)

Number of

Students:

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38. Level 2 - How many students were served with a known chronic condition with an Individualized Healthcare Plan (IHP) but not requiring frequent nursing care?

Number of
Students:

39. Level 1 - How many students were served with no identified chronic health concerns (e.g. students that are generally healthy?)

Number of
Students:

13. Visit and Protocol Information

The information on this page should be for entire 2009-2010 school year. Do not count general screenings in your Total number data. You may count individual follow up testing for hearing thresholds and vision assessments that are done to formulate a nursing diagnosis and referral.

40. Total number of:

Students that
visited the health
room (Please count
each student one
time. Do not count
teachers or other
staff):

Visits to the health
room (The same
student may be
counted more than
once. Do not count
teachers or other
staff.):

Visits resulting in
student being sent
home:

★ 41. Is the school nurse part of the IEP team?

Yes

No

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* 42. Do you have a school nurse protocol in place to assist students in identifying a regular source of medical care (medical home)?

Yes

No

* 43. Does your school have a suicide prevention program?

Yes

No

14. Immunization

* 44. How do you keep student immunization records?

Paper

Excel Spreadsheet

Commercial computer program purchased to keep student records - - this includes internal school programs

I do not keep student immunization records

15. Immunization

* 45. Which of the following computer programs do you use for immunizations (check all that apply)?

AS400

Go.edustar

Health Office

Infinite Campus

PowerSchool

Skyward

SNAP

Program developed by your school's programmers

Other (please specify)

16. Immunization

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* 46. Do you record all of the immunizations received by each student in your record keeping system, or do you enter only those required by state law for school admission?

I record ONLY the immunizations REQUIRED by state law into my record keeping system

I record all REQUIRED immunizations and NON-REQUIRED immunizations, such as Meningococcal, Hib, Prevnar/pneumococcal, or HPV, into my record keeping system

* 47. Do you record if students have vaccine exemptions (medical and religious)?

Yes – I record vaccine exemptions but DO NOT SEPARATE medical from religious exemptions

Yes – I record medical and religious vaccine exemptions SEPARATELY.

No—I do not keep a record of exemptions.

17. Immunization

* 48. Do you keep a list of STUDENTS that have an exemption from vaccines?

Yes

No

* 49. Do you keep a list of the SPECIFIC VACCINES from which students are exempted?

Yes

No

18. Thank you for response to this survey!

To edit this survey:

*Press Exit This Survey (top right hand corner) and you can return to the survey at a later date.

*Press Prev to return to previous pages to make edits.

To submit this survey:

*Press Done for your survey to be counted.